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CITY OF DETROIT
DEPARTMENT OF CULTURE, ARTS & TOURISM

DETROIT FILM OFFICE

Location Use Form (Please Print)

Company:		Cont	Contact:	
Address:				
City:		State	:	Zip
Phone:		Fax:		
Name/Nature of Project:				
Producer:	Di	rector:		
Prod. Mgr.:	Lo	oc.Mgr.		
Dates of Filming:				
Exact locations, dates and times ea	ch scene will be filmed:			
Describe scene(s) to be filmed:				
List firearms, dangerous materials,	animals or special effects	required at locat	ion:	
Public Liability Insurance Compan	ny, Policy # and Agent:			
Attach certificate of insurance with	n "City of Detroit" name ar	nd proof of \$1 m	nillion liability in	surance.
List equipment to be used at location	on:			
Number in crew:	Number of trucks	s:	Number of c	ears:
Miscellaneous:				
	Please fax this form	to (313) 224-33	399	
Survey sent:	Survey received:			